

Customer's Signature

BLI Rentals, LLC PO Box 992

Emporia, KS 66801

www.blirentals.com

ELECTRONIC PAYMENT AUTHORIZATION FORM

	C	ONTACT/BILLING	INFORMATION			
Name:		Email:	(Payment confirmation/	schedule will be sent)		
Address:		Phone:				
City, State, Zip:						
		PAYMENT	PLAN			
Payment Amount: \$		Day of the Month:	/ /			
Number of Payments: #	Frequency of Payments: Monthly Weekly One-time					
		BANKING INFO	ORMATION			
Method of Payment:	□ CHECKING □ SA	VINGS CREDIT O	CARD / DEBIT CARD			
Banking Information						
	Routing Number (9 digits))	Account Nun	ıber		
	Name on Account		Bank Name	2		
Credit Card Information	□ Visa □ Mastercard	d 🗆 Discover 🗆 🛭	American Express			
Credit Card Number	(16 digits)	Expiration Date	CSC C	ode (3 digits)		
Name on Card	Billing Addr	ress (if Different)	City	State	Zip	
		PAYMENT AUTH	HORIZATION			
here. This authorization sh	ent Technology, Inc., on behalt all remain in effect until the b time and in such manner as to	palance is paid in full or Co.	mpany receives written	notification from me of		
	al amount owed to the Compa the Company is paid off, or un					
be filled out and submitted Modern Payment Technolo	payment amount, frequency, a l to Company 15-days prior to ogy, Inc., due to Non-Sufficien understand that I will be liable unts.	o any change being implement Funds (NSF). I understan	ented. I understand that id that I will be liable to	this payment plan may pay the NSF fees that w	be cancelled by Company or ill be charged by my bank. If	
	at I am authorized to execute t nk, and Modern Payment Tecl					

Date